



PERSONAL JOURNAL

Name: _____

Personal Journal Entry 1: List of Journal Entries (Support Group Session 1, Part VII)

J1: List of Journal Entries

J2. Abusive Behavior Checklist

J3. Where Would I Go for Help?

J4. Personal Identification Cards

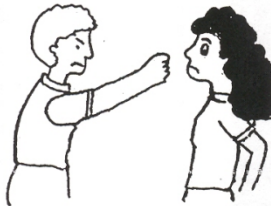
J5. My Thoughts

Personal Journal Entry 2: Abusive Behavior Checklist (Support Group Session 2, Part II)**ABUSIVE BEHAVIOR CHECKLIST**

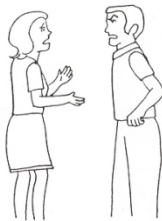
Has anyone ever...

☐

1. Embarrassed you with bad names and put downs?

☐

2. Shoved you, slapped you, hit you, or pulled your hair?

☐☐

3. Touched your body in ways that you don't like?

Personal Journal Entry 3: Where Would I Go for Help? (Support Group Session 2, Part III)

Where Would I Go For Help?			
Go To a Safe Place. Where?			
Call a Friend. Who?			
Call a Family Member. Who?			
Call a Social Worker. Who?			
Get Help From a Doctor. Where?			
Call a Counselor. Who?			

Personal Journal Entry 4: Personal Identification Card (Front) (Support Group Session 6, Part I)

Personal Identification Card

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Personal Journal Entry 4: Personal Identification Card (Back)(Support Group Session 6, Part I)**In Case of Emergency these are the People I Can Call:**

1. Contact Person: _____

Phone Number: _____

2. Contact Person: _____

Phone Number: _____

Personal Journal Entry 5: My Thoughts

Write or draw something about how you feel.